

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

June 7, 2002

Re: IRO Case # M2-02-0668-01

Texas Workers' Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IRO's, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The ___ reviewer who reviewed this case has determined that, based on the medical records provided, the requested care is medically necessary. Therefore, ___ disagrees with the adverse determination regarding this case. The reviewer's decision and the specific reasons for it, is as follows:

This case involves a 35-year-old female who in her job as a nursing aid fell to the floor when she was helping a patient move from a bed to a chair. Symptoms the following day included neck and left shoulder pain. A physical therapy program was not helpful. MRI of the cervical spine showed both C4-5 and C5-6 changes of questionable surgical significance. EMG 1/18/00 suggested left C-6 radiculopathy. Nerve blocks were performed without benefit. Second and third neuro surgical opinions were obtained and discography was recommended. A discogram 9/25/01 showed changes at C4-5 and C5-6 levels. Because of the persistence of the patient's difficulty, on 11/21/01 an anterior cervical fusion involving the C4-5 level was performed. The procedure did not significantly help the patient. The

patient continues to have pain in her neck and into her upper extremities.

I disagree with the carrier's decision to deny the requested MRI of the cervical spine. An operative procedure was performed at C4-5, but there was also some question of difficulty at C5-6 before the surgery. Now that the C4-5 surgery has been done, those changes at C5-6 may be greater, and could properly be evaluated by MRI. The cage that was placed at the time of the fusion may interfere significantly in the interpretation of the area of that cage, but in the areas above and below the cage, it should not interfere to the point that the MRI would not be helpful. I am assuming the "MRI compatible" material was used at the time of the surgery.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669, Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,

President

MDR Tracking No. M2-02-0668-01

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or US Postal Service from the office of the IRO on this 10th day of June 2002.